

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF
TWIN FALLS

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO
THE USE OF WATER FROM THE COEUR D'ALENE-
SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 94-9434

Date Received: 9/9/2015

Received By: **N031406**
LW

RECEIVED
SEP 09 2015
IDWR / NORTH

**NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW**

1. Name of Claimant(s)

MICHAEL R SCHLEPP Phone: (208)689-3593
26175 S HWY 3

CATALDO ID 83810
BRENDA L SCHLEPP Phone: (208)689-3593
26175 S HWY 3
CATALDO ID 83810

2. Date of Priority: 1/1/1910

3. Source: GROUND WATER **Tributary to:**

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
48N	02W	23	SW NW		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	01/01 12/31	0.04	
STOCKWATER	01/01 12/31	0.02	

7. Total Quantity Appropriated is: 0.06 C.F.S. and/or A.F.A

8. Non-irrigation uses:

<u>Number of Homes:</u>	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
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9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
48N	02W	23	SW NW		DOMESTIC	
Section Acres						

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
48N	02W	23	SW NW		STOCKWATER	
Section Acres						

Total Acres

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use:	Description
Water Use	
DOMESTIC	
STOCKWATER	

14. Basis of Claim: Beneficial Use

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do ____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): *Michael Schupp* Date: 9/9/2015
Brenda J. Schupp Date: 9/9/2015

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

____ of _____,
Title Organization

That I have signed the foregoing document in the space below as

____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name